

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 2  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>House Freedom Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00552851
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on

Full Name of Payee <b>House Freedom Fund</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>04 / 10 / 2018</b>
Mailing Address <b>PO BOX 1948</b>		Amount <b>396.85</b>
City <b>Alexandria</b>	State <b>VA</b>	Zip Code <b>22313</b>
Purpose of Expenditure <b>IE-Bloom-Donation Processing</b>	Category/Type	Transaction ID : <b>EBB88FC253CA04AB7BC</b> Date of Disbursement or Obligation MM / DD / YYYY <b>04 / 10 / 2018</b>
Name of Federal Candidate <b>Bloom, Stephen, ,</b>		Office Sought: <input checked="" type="checkbox"/> House District: <b>11</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>PA</b>
Calendar Year-To-Date Per Election for Office Sought <b>9726.91</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>House Freedom Fund</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>04 / 17 / 2018</b>
Mailing Address <b>PO BOX 1948</b>		Amount <b>4.75</b>
City <b>Alexandria</b>	State <b>VA</b>	Zip Code <b>22313</b>
Purpose of Expenditure <b>IE-Bloom-Donation Processing</b>	Category/Type	Transaction ID : <b>E9A8AC15BF1F143EE97F</b> Date of Disbursement or Obligation MM / DD / YYYY <b>04 / 17 / 2018</b>
Name of Federal Candidate <b>Bloom, Stephen, ,</b>		Office Sought: <input checked="" type="checkbox"/> House District: <b>11</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>PA</b>
Calendar Year-To-Date Per Election for Office Sought <b>9731.66</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>401.60</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Brown, Megan, ,*

[Electronically Filed]

Date

MM / DD / YYYY  
**04 / 26 / 2018**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

PAGE	2	OF	2
FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) <b>House Freedom Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00552851																									
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1"> <tr> <td>M</td><td>M</td><td></td> <td>D</td><td>D</td><td></td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>		M	M		D	D		Y	Y	Y	Y														
M	M		D	D		Y	Y	Y	Y																		

Full Name of Payee <b>House Freedom Fund</b>		Date of Public Distribution/Dissemination <table border="1"> <tr> <td>M</td><td>M</td><td></td> <td>D</td><td>D</td><td></td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> <b>04 / 24 / 2018</b>		M	M		D	D		Y	Y	Y	Y														
M	M		D	D		Y	Y	Y	Y																		
Mailing Address <b>PO BOX 1948</b>		Amount <b>83.95</b>																									
City <b>Alexandria</b>	State <b>VA</b>	Zip Code <b>22313</b>	Transaction ID : <b>E840D3F25FFD041EA817</b>																								
Purpose of Expenditure <b>IE-Bloom-Donation Processing</b>	Category/Type	Date of Disbursement or Obligation <table border="1"> <tr> <td>M</td><td>M</td><td></td> <td>D</td><td>D</td><td></td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> <b>04 / 24 / 2018</b>		M	M		D	D		Y	Y	Y	Y														
M	M		D	D		Y	Y	Y	Y																		
Name of Federal Candidate <b>Bloom, Stephen, ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>11</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>PA</b>																								
Calendar Year-To-Date Per Election for Office Sought		<b>9815.61</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶																									

Full Name of Payee <b>House Freedom Fund</b>		Date of Public Distribution/Dissemination <table border="1"> <tr> <td>M</td><td>M</td><td></td> <td>D</td><td>D</td><td></td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> <b>04 / 26 / 2018</b>		M	M		D	D		Y	Y	Y	Y														
M	M		D	D		Y	Y	Y	Y																		
Mailing Address <b>PO BOX 1948</b>		Amount <b>626.80</b>																									
City <b>Alexandria</b>	State <b>VA</b>	Zip Code <b>22313</b>	Transaction ID : <b>ED2014AB4489A4FE096E</b>																								
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M	M		D	D		Y	Y	Y	Y																		
Name of Federal Candidate <b>Bloom, Stephen, ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>11</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>PA</b>																								
Calendar Year-To-Date Per Election for Office Sought		<b>10442.41</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶																									

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>710.75</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	<b>1112.35</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Brown, Megan, , ,

[Electronically Filed]

Date

M	M		D	D		Y	Y	Y	Y		

**04 / 26 / 2018**

Signature